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**MATT BLUNT**

**SECRETARY OF STATE**

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Documents will be accepted for filing on all regular workdays from 8:00 a.m. until 5:00 p.m. We encourage early filings to facilitate the timely publication of the *Missouri Register*. Orders of Rulemaking appearing in the *Missouri Register* will be published in the *Code of State Regulations* and become effective as listed in the chart above. Advance notice of large volume filings will facilitate their timely publication. We reserve the right to change the schedule due to special circumstances. Please check the latest publication to verify that no changes have been made in this schedule. To review the entire year's schedule, please check out the website at <http://www.sos.state.mo.us/adrules/pubsched.asp>

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## HOW TO CITE RULES AND RSMo

**RULES**—Cite material in the *Missouri Register* by volume and page number, for example, Vol. 26, *Missouri Register*, page 27. The approved short form of citation is 26 MoReg 27.

The rules are codified in the *Code of State Regulations* in this system—

Title	Code of State Regulations	Division	Chapter	Rule
1	CSR	10-	1.	010
Department		Agency, Division	General area regulated	Specific area regulated

They are properly cited by using the full citation, i.e., 1 CSR 10-1.010.

Each department of state government is assigned a title. Each agency or division in the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraph 1., subparagraph A., part (I), subpart (a), item I. and subitem a.

**RSMo**—Cite material in the RSMo by date of legislative action. The note in parentheses gives the original and amended legislative history. The Office of the Revisor of Statutes recognizes that this practice gives users a concise legislative history.

**R**ules appearing under this heading are filed under the authority granted by section 536.025, RSMo 2000. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the *Missouri* and the *United States Constitutions*; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons and findings which support its conclusion that there is an immediate danger to the public health, safety or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

**R**ules filed as emergency rules may be effective not less than ten (10) days after filing or at such later date as may be specified in the rule and may be terminated at any time by the state agency by filing an order with the secretary of state fixing the date of such termination, which order shall be published by the secretary of state in the *Missouri Register* as soon as practicable.

**A**ll emergency rules must state the period during which they are in effect, and in no case can they be in effect more than one hundred eighty (180) calendar days or thirty (30) legislative days, whichever period is longer. Emergency rules are not renewable, although an agency may at any time adopt an identical rule under the normal rulemaking procedures.

## Title 12—DEPARTMENT OF REVENUE Division 10—Director of Revenue Chapter 24—Drivers License Bureau Rules

### EMERGENCY AMENDMENT

**12 CSR 10-24.448 Proof of Identity and Proof of Social Security Number Required for Issuance of a Driver['s] or Nondriver['s] License.** The director proposes to amend the title and section (2).

*PURPOSE:* This amendment requires driver license office personnel to ask for additional documentation when using a previously stored image to verify identification of a driver license, nondriver license, or instruction permit applicant.

*EMERGENCY STATEMENT:* This proposed emergency amendment is required to minimize the risk of fraudulently issued driver licenses, nondriver licenses and instruction permits. The current regulation requires that a clerk verify the previous image of a license applicant and provides no ability for the clerk to ask for additional documentation when the clerk is unable to distinguish if the previous image matches the applicant. This emergency amendment is necessary to ensure public awareness and to preserve a compelling governmental interest requiring an early effective date in that the amendment informs the public of additional documentation that is required for verifying their identity in the event that the applicant does not have his or her previous driver license, nondriver license, or instruction

permit at the time of application for a duplicate or renewal license or permit. The director finds that there is an immediate danger to the public welfare, which can only be addressed through this emergency amendment. The director has followed procedures calculated to assure fairness to all interested persons and parties and has complied with protections extended by the *Missouri* and *United States Constitutions*. The director has limited the scope of the emergency amendment to the circumstances creating the emergency. Emergency amendment filed December 16, 2002, effective December 26, 2002, expires June 23, 2003.

(2) A renewal applicant is required to show only his or her current driver['s] or nondriver['s] license. If the license is unavailable, the license office clerk must obtain the digital image of the applicant's previous license transaction where a comparison of the image on the file can be made to the person in the office and require one (1) secondary document, or the clerk must require the applicant to submit two (2) primary documents or one (1) primary and one (1) secondary document for proof of identity.

*AUTHORITY:* section 302.171, RSMo [Supp. 1997] 2000. Original rule filed March 27, 1998, effective Sept. 30, 1998. Emergency amendment filed Dec. 16, 2002, effective Dec. 26, 2002, expires June 23, 2003. A proposed amendment covering this same material is published in this issue of the *Missouri Register*.

## Title 13—DEPARTMENT OF SOCIAL SERVICES Division 70—Division of Medical Services Chapter 35—Dental Program

### ORDER TERMINATING EMERGENCY AMENDMENT

By the authority vested in the Department of Social Services, Division of Medical Services, under sections 208.152, 208.153, and 208.201, RSMo 2000, the division hereby terminates an emergency amendment effective December 17, 2002 as follows:

**13 CSR 70-35.010 Dental Benefits and Limitations, Medicaid Program is terminated.**

A notice of emergency rulemaking containing the text of the emergency amendment was published in the *Missouri Register* on July 15, 2002 (27 MoReg 1174-1176).

## Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES Division 10—Office of the Director Chapter 4—Coordinated Health Care Services

### EMERGENCY AMENDMENT

**19 CSR 10-4.020 J-1 Visa Waiver Program.** The department proposes to amend subsections (1)(A) and (1)(B) and (1)(C); delete paragraphs (2)(A)10. and 11. and to renumber the affected paragraphs; amend section (5); amend subsection (6)(B); amend section (14); and delete Appendices A, B, C and D.

*PURPOSE:* This amendment is to amend: 1) the ability and the criteria necessary for physicians trained in other specific high need specialties besides primary care to participate in the J-1 Visa Program; 2) the documentation required by applicants; 3) prioritization of certain specialties; and 4) the application and reporting requirements for facilities that participate in the J-1 Visa Program.

**EMERGENCY STATEMENT:** *This emergency amendment is to amend: 1) the ability and the criteria necessary for physicians trained in other specific high need specialties besides primary care to participate in the J-1 Visa Program; 2) the documentation required by applicants; 3) prioritization of certain specialties; and 4) the application and reporting requirements for facilities that participate in the J-1 Visa Program. The J-1 Visa program allows physicians to practice in medically underserved areas. Each of these amendments directly affects the eligibility of physicians and facilities employing such physicians to participate in the J-1 Visa program. The federal government has increased the number of waivers allocated to each state from twenty (20) to thirty (30). Many of the physicians eligible for this waiver and recruited by the communities in need, but not selected in the first twenty (20), will have to leave the country or enroll in an additional training program, in order to stay in the country. If this happens, many communities will lose their opportunity to enhance access to needed health care services, and have to start their recruitment activities over again, extending the time these communities are without the needed medical services and incurring additional recruiting expenses. Absent this emergency amendment, the department will be precluded from placing selected high need specialties, many of them pediatric specialists, in underserved communities and facilities. As a result, the department finds an immediate danger to the public health, safety or welfare and is necessary to preserve a compelling government interest, which require emergency action. The scope of this rule is limited to the circumstances creating the emergency and complies with the protections extended in the Missouri and United States Constitutions. The department believes this emergency amendment is fair to all interested persons and parties under the circumstances. The emergency amendment was filed on December 16, 2002, effective December 26, 2002 and expires June 23, 2003.*

(1) The following definitions shall be used in the interpretation and enforcement of this rule:

(A) Department means the Missouri Department of Health and Senior Services;

(B) Director means the director of the Missouri Department of Health and Senior Services; and

(C) Health professional shortage area (HPSA) means those counties or parts of counties designated by the United States Department of Health and Human Services as having a shortage of [primary care] physicians as published in the *Code of Federal Regulations*.

(2) The department is committed to assisting all residents of Missouri to have access to quality, affordable health care. Therefore, under certain conditions, the department is prepared to consider recommending a waiver of the foreign residence requirement on behalf of physicians holding J-1 visas.

(A) A waiver request must come from a Missouri health care facility on behalf of a J-1 physician and not directly from a J-1 physician. All of the required information and documentation must be submitted in a single package with the documents presented in the order in paragraphs (2)(A)1.-14. Waiver requests that do not comply with these requirements will not be considered. The required documents include:

1. A letter from the head of the facility at which the physician will be employed that—

A. Requests that the department act as an interested government agency and recommend a waiver for the J-1 physician;

B. Summarizes how the health care facility has attempted to locate qualified United States physicians;

C. Describes the physician's qualifications, proposed responsibilities and how his/her employment will satisfy important unmet health care needs of a medically underserved rural community; and

D. States unequivocally that the facility is offering the physician at least three (3) years of employment in a job consistent with the department's mission;

2. A detailed description of the health care facility will be provided, including the nature and extent of the facility's medical services;

3. Valid contract of employment with the health care organization for not less than three (3) years;

4. List of HPSAs or documentation from state and local health care officials stating need for services of the physician;

5. Recruitment and retention efforts including copies of advertisements, agreements with placements services or other like documentation, and if these are not available, a detailed statement describing recruitment efforts. A statement should be submitted detailing the plans for retaining the physician during and beyond the three (3)-year obligation;

6. Effect on area of waiver denial;

7. Qualifications, including proof of Missouri medical licensure eligibility;

8. Physician's curriculum vitae and letters of recommendation;

9. Copies of all IAP-66s of physician, copies of I-94s of physician and family members, and proof of passage of examinations required by the United States Immigration and Naturalization Service;

[10. Completed physician data sheet (attached as Appendix A);

11. Completed J-1 visa waiver policy affidavit and agreement (attached as Appendix B);]

[12.]10. Valid offer of employment with health care organization for at least three (3) years;

[13.]11. A copy of the notice from the department that the facility has been predetermined eligible for participation in the program; and

[14.]12. An original and one (1) unbound copy of the entire package should be included.

(5) The department's J-1 Visa Waiver Program in Missouri will give priority to those physicians who are board-eligible or board-certified in one (1) of the following specialties: Family Practice, General Practice, General Pediatrics, Obstetrics/Gynecology, [General Internal Medicine] or Psychiatry and providing services in a primary care clinical setting. [Physicians with other subspecialties or fellowship experience are not considered to be primary care physicians for the purpose of the J-1 Visa Waiver Program in Missouri.] The credentials of the J-1 physician must be confirmed by the Missouri Board of Healing Arts. The physician must be eligible for licensure in Missouri.

(6) In addition to the eligible physicians set forth in section (5), waivers may be recommended for other specialties and subspecialties.

(B) [Only four (4) slots will be allocated to specialty placements in any given program year.] **The number of specialty placements in any given program year will be determined by the quantifiable need for health care services in the state as a whole and the identified placement community.**

(14) In order to assist and facilitate the placement of [primary care] practitioners in designated HPSAs in Missouri, the department will provide, upon request, the following information:

**AUTHORITY:** *section 191.411.1, RSMo [1994] Supp. 2001. This rule was previously filed as 19 CSR 50-4.020. Emergency rule filed April 17, 1995, effective April 27, 1995, expired Aug. 24, 1995. Original rule filed April 17, 1995, effective Oct. 30, 1995. Changed to 19 CSR 10-4.020 July 30, 1998. Emergency amendment filed Sept. 19, 2000, effective Sept. 29, 2000, expired March 27, 2001. Amended: Filed Sept. 19, 2000, effective Feb. 28, 2001. Emergency amendment filed Dec. 16, 2002, effective Dec. 26, 2002, expires June 23, 2003. A proposed amendment covering this same material is published in this issue of the Missouri Register.*

**Title 19—DEPARTMENT OF HEALTH  
AND SENIOR SERVICES  
Division 20—Division of Environmental Health and  
Communicable Disease Prevention  
Chapter 20—Communicable Diseases**

**EMERGENCY AMENDMENT**

**19 CSR 20-20.020 Reporting Communicable, Environmental and Occupational Diseases.** The Department of Health and Senior Services proposes to amend section (1) and add a new subsection (1)(C).

*PURPOSE:* This amendment adds the requirement to report infections and adverse reactions due to smallpox inoculation.

*EMERGENCY STATEMENT:* This emergency amendment updates the list of reportable communicable diseases/conditions to include infections and adverse reactions related to smallpox inoculation. This emergency amendment is necessary to protect the public health, safety and welfare because of the increased likelihood of the intentional release of smallpox virus into the United States civilian population through bioterrorist activities. In preparation for such a release, the federal Centers for Disease Control and Prevention (CDC) has proposed a mass smallpox inoculation program for high-risk individuals. Inoculations may be accompanied by adverse reactions and/or secondary transmission of the vaccine virus, and a surveillance system is needed to track these conditions. Reporting of these conditions by states to CDC will be mandatory. CDC is expected to finalize and disseminate its national smallpox inoculation program by January 2003 and inoculations will begin within sixty (60) days of the dissemination date. This is insufficient time to amend Missouri's reporting rule through the normal process. As a result, the Department of Health and Senior Services finds an immediate danger to the public health, safety, or welfare and it is necessary to preserve a compelling governmental interest, which requires that infections and adverse reactions due to smallpox inoculation be added to this rule by emergency action. Failure to report these conditions could result in their proliferation through human populations with adverse affects on health and/or subsequent death. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the Missouri and United States Constitutions. The Department of Health and Senior Services believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed December 16, 2002, effective December 26, 2002, and expires June 23, 2003.

(1) Category I diseases or findings shall be reported to the local health authority or to the Department of Health and Senior Services within twenty-four (24) hours of first knowledge or suspicion by telephone, facsimile or other rapid communication. Category I diseases or findings are—

(C) Diseases, findings or adverse reactions that occur as a result of inoculation to prevent smallpox, including but not limited to the following:

**Accidental administration**

**Accidental implantation (inadvertent autoinoculation)**

**Bacterial infection of site of inoculation**

**Congenital vaccinia**

**Contact vaccinia (i.e., vaccinia virus infection in a contact of a smallpox vaccinee)**

**Eczema vaccinatum**

**Erythema multiform**

**Generalized vaccinia**

**Post-vaccinial encephalitis**

**Progressive vaccinia (vaccinia necrosum, vaccinia gangrenosa, disseminated vaccinia)**

**Vaccinia keratitis**

*AUTHORITY:* sections 192.006, [RSMo Supp. 1999 and] 192.020, 192.139, 210.040 and 210.050, RSMo [1994] 2000. This rule previously filed as 13 CSR 50-101.020. Original rule filed July 15, 1948, effective Sept. 13, 1948. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Dec. 16, 2002, effective Dec. 26, 2002, expires June 23, 2003. A proposed amendment covering the same material is published in this issue of the Missouri Register.